FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 JUL 30 AM 9: 15

			Off	ice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FĚ4M5	Co-co-Co-co-co-co-co-co-co-co-co-co-co-co-co-co
TALLON FOR CONGRESS				
		<u> </u>		
ADDRESS (number and street)	5 BROAD STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Check if address is changed)				
- ,	SUMTER		SC 291 STATE ▲	50 I - ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	38			
(Check if address is changed)	wijson@wijsonmacewenc	сра.срт	• • • • • • • • • • • • • • • • • • •	
3 -4,	Optional Second E-Mail Add	ress	 	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address is changed)				
			1 1 1 1 1 1 1	
2. DATE 0 7 2	4 2 0 1 8			
3. FEC IDENTIFICATION NU	JMBER ▶ C0 0	153684		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and	I complete.
Type or Print Name of Treasure	Wilson M. MacEwen			·
Signature of Treasurer A	han he	Sna	Date 0 7	25 2018
NOTE: Submission of false, errone		may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

		town 1949 to 1945.	ľ			
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		OMMITTEE Committee:				
	luidate		· ·			
(a)		This committee is a principal campaign committee. (Complete the candidate information	n below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate			
Name Cano	e of didate					
	didate Affiliation	on Office Sought: House Senate Pre	Statesident District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.			
Namo	e of lidate					
Pari	ty Com	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line	6.) Its connected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
-		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	Proof Composition			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a se committee. (i.e., nonconnected committee)	parate segregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	draising Representative:				
(g)	7	This committee collects contributions, pays fundraising expenses and disburses net proce	eds for two or more political			
(9)		committees/organizations, at least one of which is an authorized committee of a federal ca				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate				
	Com	nmittees Participating in Joint Fundraiser				
	1	FEC ID number				
	2.					
	3.	FEC ID number				
	4	[A B B C X X			

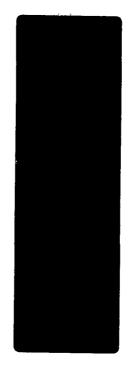
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	Committee Name		
		·	
6. Name of Ar	ny Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
Mailing Addr	ess		
ag . taa.			
			. [_[, , ,
		CITY STATE	ZIP CODE
Relationship	Connecte	d Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
r terationship.	Connecte	d Organization	Adelship i Ao opolisoi
7. Custodian of books and re		ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	WILSON	M. MACEWEN	<u> </u>
Mailing Adda	ress	5 BROAD STREET, , , , , , , , , , , , , , , , , , ,	<u> </u>
			<u> </u>
		SUMTER SC 291,5	9
Title or Posi	tion	CITY STATE	ZIP CODE
[TREASUR	ĘR, , , , ,	Telephone number 803 - 7	73 - 540,7
8. Treasurer: L any designat	ist the name and led agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name of Treasurer	WILSON	M. MACEWEN.	<u> </u>
Mailing Addr	ess	5 BROAD STREET	
,			
		SUMTER SC 2915	
Title or Posi	tion	CITY STATE	ZIP CODE
TREASUR	ER.	Telephone number 803 - 7	73 - 5 407

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Full Name of Designated			1
Agent Lill		<u> </u>	
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position		1	
	Telephone	number	

Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the corntains funds.	mmittee deposits f	unds, holds accounts, rents
Name of Bank, Depository,	etc.		
FIRST C	ITIZĘNS BANK		
Mailing Address	496 US, HVVY, 30,1 N		
	DILLON	_ sç_	29536 -
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.	<u></u>	
[STIFEL			
Mailing Address	ONE MONTGOMERY STREET,		
		<u> </u>	
	SAN FRANCISCO	CĄ	9 4 1 0 4 -
	CITY	STATE	ZIP CODE

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FEC Form 1	IS (Revised 02/2	(017)	Optional Supplementa for Lines 5(g) or (h), 6				Page	_ of
(g) or (h). J	loint Fundraisin	g Participant:	\$					
1				J FEC I	D number	CI ,		
2.	<u> </u>	1111		J FEC 1	D number	C		
3		1 1 1 1		J FEC I	D number		A	
4.				FEC I	D number			
Name of	Any Connected	Organization,	Affiliated Committee, Joint F	undraising Re	presentativ	e, or Lea	dership P	AC Sponsor
		1 1 1 1						
Maili	ing Address	1		1 1 1 1 1		1 1 1	1 1 1	
Widin	mg / ddiooc	1						
			<u> </u>	 	 	. 1		
Rela	ıtionship:		CITY ▲		STATE ▲	<u>L_L</u>	ZIP C	ODE ▲
	Connected	d Organization	Affiliated Committee	oint Fundraisi	ng Represen	tative	Leadersh	ip PAC Sponso
Designate	ed Agent: Identify	y by name, add	dress (phone number – optiona	al)				
Full Na	ame [[[<u> </u>	<u> </u>	1 1 1 1			· 	
Mailing	g Address	1 1.1 1	1 [1] 1] 1] 1		1 1 1 1	1 1 1	1 1 1	
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		<u> </u>	* ****** *			-' -l	-!	
		1 , , ,			1 1	1 .		
TIT 1 (F OR POSITION	<u> </u>	CITY ▲		STATE A	<u></u>	ZIP CO	DE ▲
TITLE	E OR POSITION	□	CITY A	Telephone	. 1	- [ZIP CO	DE A



Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 7/24/2018
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
mo	7/30/2018
(3/2015)	DATE PREPARED